COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

PSYCHIATRIC/MENTAL HEALTH NURSE PRACTITIONER

August 20, 2002

TABLE OF CONTENTS

I. DEPARTMENT OF HUMAN RESOURCES
DUTY STATEMENT
FY 2000/01 Budget Request

Department: **DEPARTMENT OF MENTAL HEALTH**
FTE: 1.0
Title Requested: **Psychiatric/Mental Health Nurse Practitioner**
Item No. & Sub: 5121

This Duty Statement is for a: (Check all appropriate boxes)

Allocation of an additional position: _____
Allocation to a new class: X

Organization Assignment:

Bureau/Division: Each Mental Health Clinic
Section/Unit: _____
Location: **According to clinic site**
Cost Center: _____ **Pay Location:** _____
Title of Immediate Supervisor: Mental Health Psychiatrist
List Payroll Title of All Subordinates:

Manager's
Signature_____Date_____

(Attach organization chart(s) –DO NOT COPY THE DUTIES FROM THE CLASS SPECIFICATION)

Justification:
Psychiatric/Mental Health Nurse Practitioners (PMHNPs) in the Department of Mental Health (DMH) will improve the quality and timeliness of delivery of mental health care to clients and increase revenue generation due to the ability to serve more clients. PMHNPs will perform mental health assessments and will attend to the clients' physical health issues, when needed and will treat clients whose psychiatric conditions are stable, leaving physicians to concentrate on more complex client problems. The PMHNPs will be supervised by DMH Psychiatrists. PMHNPs are licensed to "furnish" medications, including psychotropic medications, under the supervision of a physician. PMHNPs do not, however, require direct contact from the supervising physician to "furnish" medications, as long as standardized protocols are followed. Protocols, written collaboratively by DMH PMHNPs and DMH Psychiatrists will be reviewed and approved by the Office

of the Medical Director (OMD). Additionally, the Clinical Policy Committee (CPC) will review and update the standardized procedures/protocols every three (3) years or more frequently, if practices change. The license to furnish medications, especially psychotropic medication, is unique to nurses functioning as PMHNP within the Department of Mental Health.

Proposed Duties:	**Percentage:**
1. Participates in the formulation and update of policies, procedures and protocols for the PMHNP role. This will be done in collaboration with the DMH Psychiatrist.	5
2. Assumes principal responsibility for the mental health care of clients, under DMH written protocols and under supervision from the DMH Psychiatrist.	25
3. Performs comprehensive evaluations and assessments, including ordering and interpreting diagnostic tests and examinations.	15
4. Furnishes medication, including psychotropic medications, taking responsibility for such therapy when performed in accordance with written protocols.	20
5. Documents in the client's record, goals, interventions, and clinical outcomes, in sufficient detail so that any DMH Psychiatrist can review and evaluate the effectiveness of the care being provided.	5
6. Refers the client to DMH Psychiatrists for consultation or to specialized health resources for treatment, retaining responsibility for clinical management of the client, as well as any subsequent modifications to the client's care, in accordance with written protocols.	5
7. Identifies aspects of care important for quality monitoring, such as symptom management and control, health behaviors and practices, safety, client satisfaction and quality of life.	5

- Utilizes existing quality indicators or develops new ones to monitor the effectiveness of care provided by the nurse practitioner.

- Formulates recommendations to improve mental health care and client outcomes.

8. Provides patient/client health education related to medications, psychiatric conditions and health issues. 15

9. Consults with staff and makes referrals to other mental health or health care providers, as needed. 5

II. PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER STANDARDIZED PROCEDURES

A. DEVELOPMENT, REVIEW AND APPROVAL OF STANDARDIZED PROCEDURES

1. All system-wide standardized procedures are developed collaboratively, reviewed by the CPC and approved by the Medical Director. The standardized procedures will conform to the guidelines specified in Title 16, California Code of Regulations (CCR), Section 1474.

2. All client-specific standardized procedures are developed collaboratively by the PMHNP and the DMH Psychiatrist.

3. All standardized procedures (system-wide and client-specific) will be maintained at the site where the Psychiatric/Mental Health Nurse Practitioner (PMHNP) performs nurse practitioner duties.

4. All standardized procedures/protocols will be reviewed every three (3) years and more frequently, as necessary.

    a. Changes made to the standardized procedures are reviewed by the CPC and approved by the Medical Director.

B. SCOPE AND PRACTICE SETTING

1. SETTING

a. The PMHNP may function within any setting operated through the Los Angeles County – Department of Mental Health.

2. FUNCTIONS

PMHNPs will:

a. Assume principal responsibility for the mental health care of clients, under DMH written protocols and under supervision from the DMH Psychiatrist.

- Clients will be seen by a psychiatrist for an initial medication assessment. A PMHNP may then be assigned to continue the client's medication and assume full responsibility for the psychiatric services required by the client.

- In the event a PMHNP must assess a client on an initial basis to start psychiatric medication, s/he will schedule a consultation with the supervising psychiatrist.

b. Furnish medications as necessary for clients according to protocol.

The PMHNP's provision of medications is called "furnishing". Medications are "furnished" when the PMHNP writes the order in the medical record. The PMHNP furnishes the medication and puts the information into the Prescription Authorization and Tracking System (PATS).

1. This "furnishing" does not require a co-signature by an MD, as PMHNP's possess both a "furnishing" and DEA number (see B&P code 2725, 1250, & amended 2836.1).

2. PMHNP's have "ordering" authority for Schedule III through V controlled substances with a DEA number (amended B&P code section 2836.1; SB 816).

3. When controlled substances are furnished by a PMHNP, the controlled substances are furnished with a Standardized Procedure (H&S code 11056; B&P code 28361).

    - PMHNP's by law <u>are not</u> allowed to furnish Schedule II narcotics. These include psychostimulants.

4. Pharmacists are directed to include the PMHNP's name, as well as the supervising psychiatrist's name on the medication labels. (AB1541)

5. PMHNPs, functioning under standardized procedures or protocols, may dispense (hand to patients) drugs, using

required pharmacy containers and labeling. (Pharmacy law, B7P Code Section 4076; AB 1545)

6. PMHNPs, functioning under standardized procedures or protocols, may sign for delivery or receipt of complimentary samples of medication that have been requested by the PMHNP's supervising psychiatrist. (Pharmacy Law B&P Code Section 2836.1; AB 1545)

c. Obtain psychiatric and medical histories and perform a psychiatric assessment or overall health assessment for any presenting problem.

d. Order and interpret specific laboratory studies for the client when indicated.

e. Counsel clients on mental health issues, substance abuse, and medication management;

f. Provide case management and coordination of treatment;

g. Document in the clients' record, goals, interventions clinical outcomes and the effectiveness of psychiatric medication in sufficient detail so that any DMH Psychiatrist can review and evaluate the effectiveness of the care being given. The documentation includes, but is not limited to:

- current complaints;
- target symptoms;
- medication side effects;
- the presence of EPS or abnormal movements, if clinically indicated;
- screening for tardive dyskinesia, when taking specific antipsychotic medications;
- response to interventions;
- relevant mental status findings;
- measurements of lethality-S/HI, A/VH, PI;
- plan/rationale for use of medication;
- plan/rationale for any medication changes;
- reference to any consultation done with physicians;
- laboratory findings and significance;
- discharge plans;

- medications with specific doses and frequencies;
- next appointment to return in one month, 2 months etc.

h. Refer the client to Mental Health Psychiatrists for consultation or to specialized health resources for treatment, retaining responsibility for clinical management of the client, as well as any subsequent modifications to the client's care, in accordance with written protocols.

i. Identify aspects of care important for quality monitoring, such as symptom management and control, health behaviors and practices, safety, client satisfaction and quality of life.

- Utilize existing quality indicators or develops new ones to monitor the effectiveness of care provided by the nurse practitioner.

- Formulate recommendations to improve mental health care and client outcomes.

j. Provide patient/client health education related to medications, psychiatric conditions and health issues.

k. Consult with staff and makes referrals to other mental health or health care providers, as needed.

C. SUPERVISION BY A PSYCHIATRIST

1. All PMHNPs will be supervised by a DMH Board Eligible/Certified Psychiatrist.

2. No psychiatrist shall have concurrent supervisory responsibility for more than 4 PMHNPs.

3. The psychiatrist supervisor is not required to be present at the time of the patient/client assessment/examination, but psychiatrist supervisor or qualified designee must be available for collaboration/consultation at least by telephone.

4. Ongoing case specific supervision occurs as needed, with frequency determined by the PMHNP and the psychiatrist supervisor. The consultation, including recommendations, is

documented as considered necessary by the psychiatrist supervisor in the medical record.

a. Additional supervision occurs as described below under "Quality Improvement."

5. Physician consultation is obtained as specified in the individual protocols and under the following circumstances:

- Emergent conditions requiring prompt medical intervention after stabilizing care has been started;
- Acute exacerbation of the client's situation;
- Problems that are not resolved as anticipated;
- History, physical or lab findings that are inconsistent with the clinical formulation;
- Upon request of the client, another nurse or supervising physician;
- Upon request of the PMHNP.

D. QUALIFICATIONS - EDUCATIONAL AND LICENSING

1. Education and training:

- A Masters degree in Nursing from an NLN accredited college or university with a specialty in Psychiatric/Mental Health Nursing AND completion of an approved Adult, Child or Family Nurse Practitioner Program; OR
- Completion of an approved Master's level Psychiatric Nurse Practitioner Program; OR
- Completion of a Master's level Nurse Practitioner's program with a post-masters specialty certificate in psych/mental health nursing.

AND

- Completion of a State of California Board of Registered Nursing approved pharmacology course and a minimum of 520 hours of psychiatrist supervised experience in "furnishing drugs and/or devices in not less than six months and not more than 12 months.

2. Licenses and Certification:

- Currently licensed by the State of California Board of Registered Nursing as a Registered Nurse;

- Currently certified by the State of California as a Nurse Practitioner;

- Possession of a Furnishing Number approved by the State of California Board of Registered Nursing, with advanced pharmacology courses and training.

- Possession of a DEA Number: Issued by the Drug Enforcement Administration (PL 4024 (B); H&S code 11056). The DEA number is required to prescribe controlled drugs. Drugs and/or devices furnished by PMHNPs may include Schedule III through Schedule V controlled substances under the California Uniformed Substance Act, Division 10 (commencing with Section 11000) of the Health and Safety Code and shall be limited to those drugs agreed upon by the PMHNP and the supervising physician and specified in the standardized protocols.

E. AUTHORIZED PSYCHIATRIC NURSE PRACTITIONERS

F. MANAGEMENT OF CONTROLLED SUBSTANCES BY NURSE RACTITIONERS

1. PMHNPs participate in the process of furnishing and ordering under Standardized Procedures (B&P code, section 2836.1, section f, SB 816).

2. Definition: controlled substances are defined as those scheduled drugs that have a high potential for dependency and abuse.

   - PMHNPs are allowed to furnish Schedule 3-5 controlled substances, if they possess a DEA number.

   - Schedule II drugs (example methylphenidate) requiring triplicate Rxs are not allowed by law to be prescribed by PMHNPs.

   - Schedule III drugs: require a "client specific" protocol.
   - Schedule IV drugs: some of these drugs have strong potential for dependency and abuse, and may require client specific procedures beyond those outlined in applicable DMH protocols.

G. QUALITY IMPROVEMENT

1. PMHNPs participate in the identification of problems that may pose harm for clients to facilitate change and improvement in client care.

   a. PMHNPs complete risk management reports when necessary and inform necessary personnel.

   b. PMHNPs note errors or inconsistencies in client records and intervene to correct and resolve these.

2. At least 10 of the PMHNP's cases are evaluated by supervising psychiatrists for compliance with procedures and protocols, quality and appropriateness of care. The face-to-face supervision must be scheduled and occur at least monthly for one (1) hour, for the purpose of review and discussion of these cases. These evaluations are ongoing.

a. The results of the supervision are recorded utilizing the documentation format identified in the "Clinical Rehabilitation and Case Management Service Delivery Supervision" Policy, 106.8.

b. The supervising psychiatrist conducts an annual review of PMHNP performance.

3. PMHNPs maintain and upgrade clinical skills as required to meet professional standards and DMH requirements.

III. NURSE PRACTITIONER TREATMENT PROTOCOL FOR MENTAL DISORDERS

A. DIAGNOSIS

1. Diagnostic assessment is includes obtaining and recording history and observations that are consistent with the current DSM diagnostic criteria and conventions.

2. All relevant information is documented appropriately in the medical record.

B. TREATMENT PLANNING

1. Treatment planning includes all relevant biopsychosocial interventions.

2. Treatment response is assessed and documented on an ongoing basis.

3. When treatment response is incomplete, changes in treatment plans and interventions are made accordingly.

4. Treatment planning decisions are consistent with the most current Office of the Medical Director (OMD) Practice Parameters and the Physicians' Desk Reference.

C. CLINICAL MANAGEMENT

1. Clients are scheduled and treated at a frequency consistent with appropriate treatment.

2. Course of illness and treatment response is assessed and comprehensively documented in the clinical record.

3. Adjustment of psychiatric medications conforms to current LAC-DMH Medication Parameters.

D. **CONSULTATION** required with Supervising Psychiatrist if:

1. Continuation or exacerbation of target symptoms is not relieved by previously planned treatment intervention (e.g., adjustment in medications, crisis counseling).

2. Changes in client's clinical condition are manifested by increased self-destructiveness or violent thoughts or behavior.

3. Untoward medication effects not relieved by standardized treatment and are interfering with compliance or client comfort.

4. Significant changes in vital signs or in other aspects of physical examination.

5. Emergence of cognitive disturbances.

6. Evidence of possible misuse of medication

E. CLIENT/FAMILY EDUCATION:

1. Illness Management

a. Discuss the causes, symptoms, and course of the illness

b. Describe the treatment options and reason for choice of current treatment

c. Describe any significant functional limitations caused by the illness

d. Describe interventions that ameliorate symptoms and/or lessen functional limitations

e. Describe any health behavior or lifestyle changes that may be useful in illness management.

f. Discuss culture-specific factors that affect illness management.

2. Medication Use:

a. Discuss in detail the reasons for taking medication, the medication regimen, expected nature and time-course of response, and the necessity of following instruction exactly.

b. Inform client of common side effects of medications

c. Instruct clients to routinely report specific untoward side effects of medications such as EPS (muscle stiffening, difficulty swallowing, rigidity, or restlessness) excess sedation, impaired sexual performance, and anticholinergic symptoms (dry mouth, blurred vision, constipation, urinary hesitancy, weight gain, insomnia, and agitation).

d. Instruct clients to immediately report symptoms of potentially life-threatening untoward effects (e.g. symptoms of leucopenia (fever, sore throat or flu-like symptoms).

e. Caution client about activities that may increase risk of untoward medication effects (e.g. exposure to excess heat or sun with antipsychotic medication; use of alcohol with benzodiazepines)

f. Inform client of behavior necessary to mitigate untoward physical effects of medications (e.g., to stand up slowly if taking antipsychotics associated with hypotension).

3. Symptoms Management:

a. Describe any physical or mental symptoms associated with illness.

b. Describe any physical or mental symptoms associated with treatment.

c. Describe client interventions that may alleviate symptoms.

d. Describe any physical or mental symptoms associated with dangerous untoward effect of treatment and instruct patient to report these immediately.

4. Wellness:

a. Instruct client on behavioral or lifestyle changes that may improve quality of life in face of illness.

b. Discuss client hope and client empowerment.

APPENDIX A

DISEASE AND TREATMENT SPECIFIC PROTOCOLS (This appendix contains additional disease-specific protocols components that have been reviewed by the Interdisciplinary Clinical Practices Committee and approved by the Medical Director. These components are originally developed through client-specific protocols or through expert committees. They contain disease-specific or treatment specific procedures that are not reflected in the Nurse Practitioner Treatment Protocol for Mental Disorders.)

Template:

NURSE PRACTITIONER TREATMENT PROTOCOL FOR MENTAL DISORDERS

A. DIAGNOSIS

1. Diagnostic Procedure A

B. TREATMENT PLANNING

1. Treatment Planning Procedure A

C. CLINICAL MANAGEMENT

1. Clinical Management Procedure A

D. CONSULTATION required with Supervising Psychiatrist if:

1. Consultation Requirement A

E. CLIENT/FAMILY EDUCATION:

1. Illness Management

2. Medication use:

3. Symptoms Management:

4. Wellness:

APPENDIX B

DMH FORMULARY

APPENDIX C

SUBJECT: REFERENCES UTILIZED IN THE FORMULATION OF STANDARDIZED PROCEDURES

American Psychiatric Association Diagnostic Manual of Mental Disorders, DSM IV, Washington, DC, October 1 1966.

Board of Registered Nursing, The BRN Report: Volume 13, No. 1 Spring 2000

CALIFORNIA BOARD OF REGISTERED NURSING, A COMPENDUM Certified Registered Nurse Practitioners in California NPR B-19 (12/98) to NPR 13-23 (4/99)

CALIFORNIA BOARD OF REGISTERED NURSING, A COMPENDUM Nursing Practice Act Laws and Regulation Related to Nurse Practitioners BP 2834-R (9/98)

CALIFORNIA BOARD OF REGISTERED NURSING, A COMPENDUM, Pharmacy Laws and Regulation Related to Nurse Practitioners BP 4018 (1/99)

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH "PARAMETERS FOR THE USE OF MEDICATIONS" www.rshaner,medem.com

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH POLICY AND PROCEDURES MANUAL

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH FORMULARY